II

106TH CONGRESS
2D SESSION

S. 3080

To amend the Public Health Service Act to provide for the establishment of a coordinated program to improve preschool oral health.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 20, 2000

Mr. HATCH introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor and Pensions

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A BILL

To amend the Public Health Service Act to provide for the establishment of a coordinated program to improve preschool oral health.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Early Childhood Oral Health Improvement Act''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Although tooth decay is largely preventable, effective public health programs that promote prevention should include toddlers and preschool chil-

dren because tooth decay has been established as an oral disease process in children during toddler and preschooler years.

(2) Preschool children may suffer significant dental and oral disease yet many preschool children do not have access to oral health prevention programs. These children can benefit from a public health program that improves access to care and promotes oral health and dental care.

(3) Dental decay remains the single most common chronic preventable disease of childhood with the overwhelming majority of decay localized in a minority of children.

(4) Vulnerable children have far more dental disease. Thirty percent of preschoolers with family incomes under 133 percent of the official Federal poverty line have visible tooth decay while only 12 percent of those preschoolers above this level have such decay. The Head Start program reports that over ¾ (76 percent) of children enrolled in the program needed dental care in 1998.

(5) Preschoolers also suffer other oral health problems that could either be prevented or better managed with a focus on preschooler oral health.

These include trauma, infections, and developmental problems.

(6) The opportunity for prevention through dental visits can be improved. Although currently the number of dental visits by preschool children is increasing, Federal data show that only 1-in-5 (21.5 percent) preschoolers in the United States had a dental visit in 1996 (Medical Panel Expenditure Survey of 1996).

(7) Children suffer from poor oral health primarily because of a lack of education and prevention. Minority preschoolers are over 1.5 times more likely to have such a visit than nonminority children (National Health Interview Survey 1996).

(8) Early childhood oral education efforts have been used in some States with good success but their application is varied.

(9) Dental disease in young children is a significant public health problem that must be addressed as part of a coordinated, inter-agency strategy that will help States and localities reduce this preventable problem.

SEC. 3. COORDINATED PROGRAM TO IMPROVE PEDIATRIC ORAL HEALTH.

Part B of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by adding at the end the following:

"SEC. 320A. COORDINATED PROGRAM TO IMPROVE PEDIATRIC ORAL HEALTH.

''(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall establish a program to fund innovative oral health activities that improve the oral health of children under 6 years of age who are eligible for services provided under a Federal health program, to increase the utilization of dental services by such children, and to decrease the incidence of early childhood and baby bottle tooth decay.

''(b) GRANTS.—The Secretary shall award grants to or enter into contracts with public or private nonprofit schools of dentistry or accredited dental training institutions or programs, community dental programs, and programs operated by the Indian Health Service (including federally recognized Indian tribes that receive medical services from the Indian Health Service, urban Indian health programs funded under title V of the Indian Health Care Improvement Act, and tribes that contract with the Indian Health Service pursuant to the Indian Self-Deter-

mination and Education Assistance Act) to enable such schools, institutions, and programs to develop programs of oral health promotion, to increase training of oral health services providers in accordance with State practice laws, or to increase the utilization of dental services by eligible children.

''(c) DISTRIBUTION.—In awarding grants under this section, the Secretary shall, to the extent practicable, ensure an equitable national geographic distribution of the grants, including areas of the United States where the incidence of early childhood dental decay is highest.

''(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $10,000,000 for each of fiscal years 2001 through 2003.''.

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